

## **DSPD-Provider Assessment Workgroup**

**January 2006**

### **AAMR - Supports Intensity Scale (SIS)**

### **Questions from Providers and Answers from DSPD**

*The following questions have been generated from providers participation in the DSPD-Provider Assessment Workgroup on 1-6-06 and 1-20-06. The corresponding answers are from the DSPD Administration and represent the official position of DSPD at this time (2-15-06).*

#### General plan for the SIS:

1. Q: Is the SIS being used for just Mental Retardation-Related Condition services or Brain Injury services too?

A: both

2. Q: Doesn't DSPD think the SIS was designed by AAMR from the beginning to use primarily for funding?

A: no, not as a primary use; however, it can provide useful information for budgeting; the SIS Manual states: "developed primarily as a tool for individualized support planning" but could be used with other information for "funding analyses" or "resource allocation analyses" (also see question #4 below).

3. Q: Does DSPD have any plan to use the SIS in part or whole in the process of determining individual consumer budgets/funding levels?

A: No plan in place at this time; however, DSPD does plan on evaluating the potential use of the SIS for funding in the future. If it were used for funding, it would most likely be used as one set of data in a comprehensive system. DSPD will bring this group or a similar group of providers back to discuss the development of a comprehensive system including any use of the SIS in the process of determining individual consumer budgets/funding levels. DSPD does not have a specific timeline for this and will keep providers informed as it develops.

4. Q: Does DSPD think we can use same tool for planning and budgeting?

A: yes, if done correctly; especially with the cooperation of providers. According to the SIS Manual: "The SIS provides information that can help planning teams, agencies, and organizations understand the support needs of people..." Understand the support needs of people seem directly relevant to both planning and budgeting and the SIS is a potential source of this type of information. These decisions have not been made as addressed in question #3 above.

5. Q: If DSPD starts using the SIS for funding; will there be appeals, validation, or an independent review process?

A: If DSPD can show we have a reliable & valid process, we would more likely have a way for "exceptions" to the funding formula/process rather than an appeal to the SIS score directly. We would have a process for updating the SIS and would likely have some way of reviewing suspected errors in administration procedures; however, not appeals, validation, or an independent review an individual's SIS score. These decisions have not been made as addressed in question #3 above.

6. Q: What if a provider has concerns about a specific Support Coordinator related to the assessment meeting, administration or scoring the SIS? The provider does not want to destroy rapport with Support Coordinator but may need to address an issue.

A: First, talk to the Support Coordinator and if needed/required call their supervisor (same as all Support Coordinator concerns).

7. Q: What if there are general concerns about the SIS and its use? Questions about this Q & A information or Division Directives?

A: You can contact Steve Wrigley or Alan Tribble at the DSPD State Office by calling (801)538-4200.

8. Q: If the SIS shows a “need,” does the team have to address it or fund it in the person’s plan?

A: No, the SIS is only an assessment tool that will be used by the person’s team to make planning decisions. The SIS identifies the intensity of support a person “needs” to be successful in a variety of activities. In some cases, this is very different than the identification of “needs” requiring a Waiver service/DSPD funding. If health and safety issues/ risk issues are identified, the team will want to make sure they have been adequately assessed and addressed in the plan as necessary.

9. Q: Will DSPD put out a Division Directive on SIS and Risk Assessment including clear timeline for implementation?

A: Yes, DSPD is currently working on a Directive that provides instructions/expectations for Support Coordinators. This is expected to be approved and in place by the end of February. The start date for implementation of the SIS was 1-1-06, so DSPD is now administering the SIS and Risk Assessment for all people in MR-RC and ABI services prior to their annual review/planning meeting.

10. Q: How will the Risk Assessment be used?

A: The Risk Assessment is an initial screening tool designed to identify issues for the team to assess/discuss. We want to catch issues that might not be known or that have been lost over time so the team can decide how they need to address the issue in the person’s plan or even if they need to address it at all .

11. Q: In the Risk Assessment, why are different types of scores used (0,1,2 for some items and Type/Freq/Time scoring for other items)?

A: We are using some items from the SIS with their existing scores, so we do not need to repeat the same basic question and then we have added our own items to expand the assessment to cover some areas not addressed in the SIS. Section 4 has been created for Utah to include the items we have added and are scored the same way as Section 3. Because we are just trying to identify issues for additional assessment/discussion, this will not be problematic.

12.Q: Is this an unfunded requirement to provide staff time to be a respondent for the SIS (specific to Supported Employment)?

A: No, one staff’s time can be reimbursed as they are with the client engaged in assessment activities. This replaces the ICAP as a part of the required assessment process.

#### Support Coordinator Training/Issues:

13. Q: How are Support Coordinators trained?

A: Steve Wrigley and Alan Tribble completed the SIS train-the-trainers course provided by AAMR and are providing the training for Support Coordinators and oversight for the SIS implementation. Support Coordinators training consisted of an initial 3 ½ hour training from Steve and Alan, practice, a second 3 ½ hours discussion/review and training on how to use the SIS in planning, follow-up training by DSPD Units including the electronic version of the SIS, Statewide Q & A phone conferences, and ongoing follow-up with SIS Region Coordinators and Unit Mentors.

14. Q: There are concerns about administration of SIS and providers seeing lots of variability. Are all Support Coordinators trained the same?

A: Yes, all have completed the same initial training but we are still doing follow-up. The SIS contains some complexities and subtleties that take time and practice to master. We may need a

couple more months to get everyone up to speed; however, we will continue to see a variety of administration methods as there is not only one right way to do it. We are training the general procedure as outlined in the SIS manual and supplemental materials, but this allows for flexibility. We prefer to keep some flexibility unless we have a problem that we need to address with more rigid instructions.

15. Q: If DSPD sees a conflict of interest for providers to complete the SIS; why is it not a conflict for Support Coordinators too?

A: This seems to be mostly related to using the SIS for some funding related purpose and these decisions have not been made as addressed in question #3 above. In general, DSPD wants a neutral assessment that minimizes the potential conflict of interest that a provider might have in assessing the intensity of support needs for a person in their services. DSPD or Support Coordinators reimbursement from Medicaid or their actual salary is not directly or indirectly effected in anyway by the outcome of the SIS. Any money that might be saved by minimizing/reducing the costs of one person's services goes back to the providers through contracts in providing services for another person.

16. Q: If a provider is already doing the SIS, why not use theirs?

A: The primary reason is that DSPD has worked with AAMR to produce a unique SIS just for Utah containing elements not in the standard SIS. Also, there are considerations discussed in # 15 above. Additionally, DSPD wants to ensure the same standards for administration and scoring are used for everyone in services. DSPD is going to considerable lengths in training and oversight of the SIS. We believe limiting the administration of the SIS to only those DSPD Support Coordinators who have been certified in the SIS, will produce a reliable and valid SIS for every person in DSPD services.

17. Q: Can DSPD provide training for provider staff?

A: Steve and Alan have set up one training per Region for provider staff that will be involved in being an "respondent/informant" – what we need from them, how the assessment works, and just the practical stuff. We could help providers put together training materials if they are interested in conducting additional training; however, DSPD does not currently have plans for additional provider training.

#### Sharing scores/raw data and reports:

18. Q: Why do Support Coordinators not want providers to see scores/raw data? Is it best to describe it as the Support Coordinators own the SIS or the "team" completes it for the consumer?

A: The SIS is a DSPD tool completed by the Support Coordinator with information from the consumer and various other people who know them well (respondents). The Support Coordinator is trained to solicit information from the respondents and score each SIS items based on all available information. It might be misleading to say, "the team completes the SIS" as it is not a consensus type decision making process/activity. The team gives input and the Support Coordinator scores it. The Support Coordinator can discuss scores on items to generate discussion; however, they are not expected to share the final score recorded with the team. This is standard assessment practice and will speed up the assessment process considerably. We do not want to encourage extended debate over scores on individual items, that is not the way the SIS was developed.

19. Q: Of all the raw data and summary reports, what does provider get?

A: DSPD has worked with AAMR to produce two reports (a short and long report). Once the electronic SIS is operational, providers will be given a copy of the short report. The short report contains the standard SIS demographics, summary scores for Section 1, 2 & 3 with the graph for Section 1. We have added all the actual items with scores and notes for the Risk Assessment and a separate list of all items marked as most important "To &/or For" the person with scores and notes. This will provide the most important information for planning in an efficient report format.

The Support Coordinator will have access to the long report that adds all item scores and notes if there is a need for additional information on a specific item; however, we do not see a need to distribute the long form to providers at this time.

20. Q: If using the SIS for kids, do providers get some scores/raw scores? If not, they would only get to/for lists & risk information?

A: At this time we do not have a report format for children; however, we plan to give providers the same short report described in #19 above without the standard scores and graph.

21. Q: Can providers have access to SIS data, individual/aggregate? Just for their clients?

A: Individual data will be provided only in the reports described in #19 above. Individual or aggregate data will not be provided more directly until we have a data system with provider access. This is still very new and the USTEPS (DSPD data system) has not been deployed yet, so we really do not know at this time.

#### Reliability Issues:

22. Q: Do we need inter-rater reliability checks/data or other reliability assessment to prove DSPD has good reliability with the SIS?

A: DSPD will need to develop a methodology for assessing reliability to ensure trust in the SIS. We do not have a current plan for how best accomplish this need and we are currently focused on training and implementation integrity that will directly improve reliability.

23. Q: Can the Team involvement or consensus provide “trust” that scores are reliable or do we need inter-rated reliability assessed formally?

A: We do not think team consensus on a score adequately address reliability and see #18 addressing consensus scoring.

24. Q: Does DSPD think they can have adequate reliability on the SIS?

A: Yes, especially if providers cooperate by sending prepared staff to be respondents.

#### Logistics of Administration of SIS:

25. Q: Can the Division Directive on the SIS address scheduling the assessment with provider staff?

A: Yes, DSPD will set the expectation that all service providers will be invited to participate with a two week notice prior to the assessment.

26. Q: Who can give information as a respondent to SIS, sometimes it is a supervisor that knows the person best or can assist in getting the most accurate scores?

A: The SIS Manual says, “Respondent must have known the person being rated for at least 3 months and have had recent opportunities to observe the person in one or more environments for substantial periods of time (at least several hours per setting).” DSPD’s expectation is that providers will follow this standard in choosing who will participate. In most cases, one staff that knows the person well from a provider will be adequate to be a respondent representing that agency/service. If a provider chooses to have a supervisor as a secondary respondent, DSPD requests that they also have direct knowledge about the person’s support needs and that they allow the most knowledgeable staff to be the primary respondent.

27. Q: Does the consumer have to participate?

A: No, but it is preferable if at all possible and if it is a positive thing for them. There may be alternative methods to get information from a consumer who does not do well in structured/group meetings.

28. Q: Who has to be included, not included, can be included?

A: It depends; we want a small group who knows the person well (see # 26 and #27 above).

29. Q: Can some information be collected over the phone?

A: This is not ideal but is possible. This would be acceptable only if someone with unique information is unable to attend the assessment meeting and can be ask a limited number of questions at another time or over the phone. The expectation is that most assessments will be completed in a one-time assessment meeting with all respondents present.

30. Q: Does a provider need to provide information for all sections? (e.g. can a Supported Employment provider just answer employment questions?)

A: It is preferable to participate in the entire assessment meeting; however, this is not required. The SIS is not divided up in a way that a particular provider would only have interest or knowledge in one area. See #29 above for more information.

31. Q: Can SIS be done at the time of annual planning meeting?

A: This is not acceptable in any normal situation with a person already in services. The purpose of the SIS is to prepare for the planning meeting and the time requirements are not conducive to a quality assessment or planning meeting.

32. Q: Can DSPD Support Coordinators complete the SIS prior to the assessment meeting without respondents input?

A: According to the SIS Manual the interviewer (Support Coordinators) can complete the SIS without a respondent; however, the DSPD expectation is that the Support Coordinators only pre-complete a portion (less than half, if any) of the SIS that they are very confident is correct and that they review the entire SIS with the respondents for feedback and additional information. In some cases, pre-completion of a portion of the SIS can speed up the assessment without compromising quality.

An updated version of this [AAMR - Supports Intensity Scale \(SIS\)](#)

Questions from Providers and Answers form DSPD document will be posted on the DSPD Website and will include additional items and clarifications as needed.

[www.hsdspd.utah.gov](http://www.hsdspd.utah.gov)